

## The Canadian Medical Association Journal

The Official Organ of the Canadian Medical Association and of all Provincial Medical Associations of Canada

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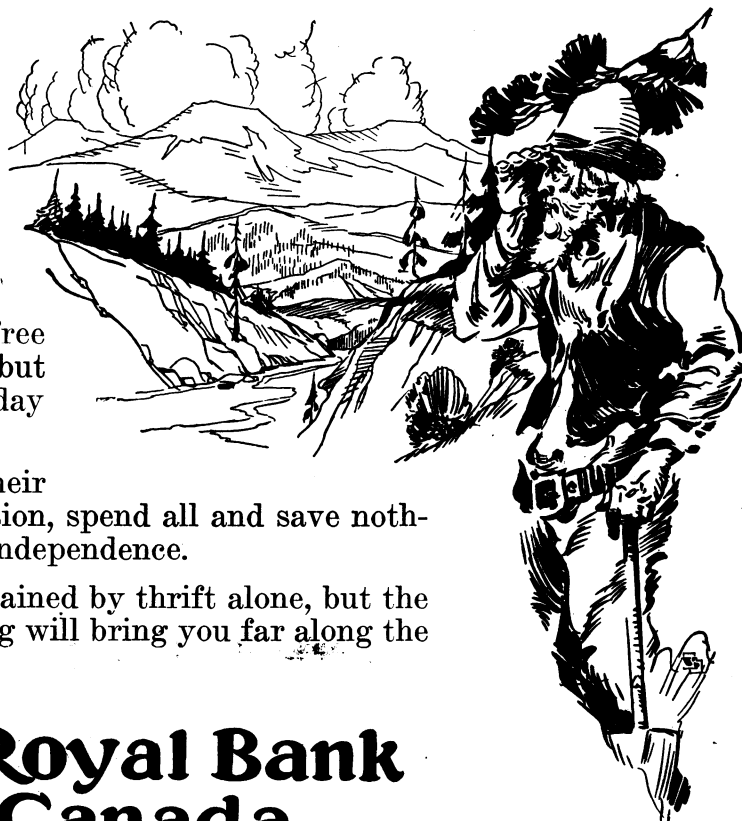
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**The Pain of Gastric Ulcer.**—Relief from the epigastric distress associated with chronic peptic ulcer is usually secured by eating, by emptying the stomach, or by the administration of alkalis. The rationalization of treatment as diverse as this must depend on a knowledge of the immediate occasion of the pain and the mechanism concerned in its genesis. The suggestion most commonly quoted at present makes active peristalsis responsible for the sensation of marked discomfort. Thus, it has been concluded that the peristaltic contractions are felt as pain when the ulcer is in an "irritable state," whereas similar peristalsis may proceed without conscious sensations at other times when the tissues are less irritable. The cogency of such an explanation must depend in large measure on the evidence that peristalsis and pain demonstrably occur and cease simultaneously. Ort-mayer, who has investigated this aspect of the subject experimentally in human patients, remarks that any theory of motor phenomena as the cause of pain in ulcer, except that of continuous localized spasm, is at variance with the clinical observation that the distress of ulcer, when present, is usually continuous. The patient himself often describes his pain as gnawing or boring, not as a "spasm." Ort-mayer's own observations of gastric movements recorded by the balloon method give no evidence that sodium bicar-

bonate and calcium carbonate, for example, relieve the pain of ulcer through lowering tension or tone or through decreasing peristalsis of the stomach, so far as either of these factors can be recorded by the procedure used. She says that it has always been difficult to explain the quick, unfailing relief to the pain of peptic ulcer obtained by giving a sufficient quantity of neutralizer, by emptying the stomach, or by eating on the basis of motor activity alone; for rapid simultaneous changes in the gastric motor activities are not observed. Hence one must still remain skeptical toward the conclusion that peristalsis causes the characteristic pain of gastric ulcer, even though it may be somewhat discomforting to an inquisitive generation to continue to employ modes of treatment that are empiracally effective though scientifically inexplicable.—*Jour. A. M. A.*, May 16, 1925.

**Calcified Brain Tumor.**—In the case reported by George M. Crabb, Mason City, Iowa, the tumor was spherical and wholly within the brain substance, and the calcium shell completely surrounded the cyst cavity. It was situated in the left frontal lobe, and was many times the size of any of the calcified tumors that have been reported heretofore.—*Jour. A. M. A.*, July 25, 1925.

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